

County: Taylor

Facility ID: 9800

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ZASTROW CARE CENTER, INC.

600 WEST HICKORY, P.O. BOX 218

GILMAN 54433 Phone: (715) 447-8217

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 50

Total Licensed Bed Capacity (12/31/03): 50

Number of Residents on 12/31/03: 33

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

No

Yes

33

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 3.0 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 45.5 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 9.1 | Under 65 | 0.0 | More Than 4 Years | | 33.3 |
| Day Services | No | Mental Illness (Org./Psy) | 21.2 | 65 - 74 | 12.1 | | | ---- |
| Respite Care | No | Mental Illness (Other) | 9.1 | 75 - 84 | 36.4 | | | 81.8 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 42.4 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 9.1 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 3.0 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 3.0 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 36.4 | 65 & Over | 100.0 | ----- | | |
| Transportation | No | Cerebrovascular | 6.1 | ----- | ---- | RNs | | 12.7 |
| Referral Service | No | Diabetes | 9.1 | Gender | % | LPNs | | 7.8 |
| Other Services | No | Respiratory | 3.0 | ----- | ---- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 0.0 | Male | 39.4 | Aides, & Orderlies | | |
| Mentally Ill | No | | ---- | Female | 60.6 | | | |
| Provide Day Programming for | | | 100.0 | | ---- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total Resi- dents | % Of All |
|----------------------|-----|------------------------|---------------------|------------------------|-------|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-----|---------------------|-----|-----|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | | |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 27 | 90.0 | 108 | 0 | 0.0 | 0 | 3 | 100.0 | 130 | 0 | 0.0 | 0 | 0 | 0.0 | 30 | 90.9 |
| Intermediate | --- | --- | --- | 3 | 10.0 | 93 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 3 | 9.1 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 30 | 100.0 | | 0 | 0.0 | | 3 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | 33 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 35.7 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 14.3 | Bathing | 0.0 | 87.9 | 12.1 | 33 |
| Other Nursing Homes | 0.0 | Dressing | 27.3 | 66.7 | 6.1 | 33 |
| Acute Care Hospitals | 21.4 | Transferring | 39.4 | 57.6 | 3.0 | 33 |
| Psych. Hosp.-MR/DD Facilities | 7.1 | Toilet Use | 33.3 | 48.5 | 18.2 | 33 |
| Rehabilitation Hospitals | 0.0 | Eating | 72.7 | 21.2 | 6.1 | 33 |
| Other Locations | 21.4 | ***** | | | | |
| Total Number of Admissions | 14 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 3.0 | Receiving Respiratory Care | 6.1 | |
| Private Home/No Home Health | 25.0 | Occ/Freq. Incontinent of Bladder | 36.4 | Receiving Tracheostomy Care | 0.0 | |
| Private Home/With Home Health | 5.0 | Occ/Freq. Incontinent of Bowel | 15.2 | Receiving Suctioning | 0.0 | |
| Other Nursing Homes | 0.0 | | | Receiving Ostomy Care | 3.0 | |
| Acute Care Hospitals | 15.0 | Mobility | | Receiving Tube Feeding | 0.0 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 0.0 | Receiving Mechanically Altered Diets | 36.4 | |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 5.0 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 50.0 | With Pressure Sores | 9.1 | Have Advance Directives | 100.0 | |
| Total Number of Discharges | | With Rashes | 3.0 | Medications | | |
| (Including Deaths) | 20 | | | Receiving Psychoactive Drugs | 48.5 | |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-------------------------------------|-------|------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Proprietary Peer Group % | Ratio | Bed Size: 50-99 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 66.0 | 80.8 | 0.82 | 83.7 | 0.79 | 84.0 | 0.79 | 87.4 | 0.75 |
| Current Residents from In-County | 57.6 | 73.7 | 0.78 | 72.8 | 0.79 | 76.2 | 0.76 | 76.7 | 0.75 |
| Admissions from In-County, Still Residing | 28.6 | 19.8 | 1.45 | 22.7 | 1.26 | 22.2 | 1.29 | 19.6 | 1.45 |
| Admissions/Average Daily Census | 42.4 | 137.9 | 0.31 | 113.6 | 0.37 | 122.3 | 0.35 | 141.3 | 0.30 |
| Discharges/Average Daily Census | 60.6 | 138.0 | 0.44 | 115.9 | 0.52 | 124.3 | 0.49 | 142.5 | 0.43 |
| Discharges To Private Residence/Average Daily Census | 18.2 | 62.1 | 0.29 | 48.0 | 0.38 | 53.4 | 0.34 | 61.6 | 0.30 |
| Residents Receiving Skilled Care | 90.9 | 94.4 | 0.96 | 94.7 | 0.96 | 94.8 | 0.96 | 88.1 | 1.03 |
| Residents Aged 65 and Older | 100 | 94.8 | 1.05 | 93.1 | 1.07 | 93.5 | 1.07 | 87.8 | 1.14 |
| Title 19 (Medicaid) Funded Residents | 90.9 | 72.0 | 1.26 | 67.2 | 1.35 | 69.5 | 1.31 | 65.9 | 1.38 |
| Private Pay Funded Residents | 9.1 | 17.7 | 0.51 | 21.5 | 0.42 | 19.4 | 0.47 | 21.0 | 0.43 |
| Developmentally Disabled Residents | 9.1 | 0.8 | 11.57 | 0.7 | 12.68 | 0.6 | 14.36 | 6.5 | 1.40 |
| Mentally Ill Residents | 30.3 | 31.0 | 0.98 | 39.1 | 0.78 | 36.5 | 0.83 | 33.6 | 0.90 |
| General Medical Service Residents | 0.0 | 20.9 | 0.00 | 17.2 | 0.00 | 18.8 | 0.00 | 20.6 | 0.00 |
| Impaired ADL (Mean) | 38.2 | 45.3 | 0.84 | 46.1 | 0.83 | 46.9 | 0.81 | 49.4 | 0.77 |
| Psychological Problems | 48.5 | 56.0 | 0.87 | 58.7 | 0.83 | 58.4 | 0.83 | 57.4 | 0.85 |
| Nursing Care Required (Mean) | 7.2 | 7.2 | 1.00 | 6.7 | 1.07 | 7.2 | 1.01 | 7.3 | 0.98 |